

Past results search form

Use this form:

- to request a search of our exam records to confirm the result achieved in a previous ABRSM exam taken in the UK or Ireland.

The search covers:

- **ONE exam only**
- **a maximum of SIX exam sessions**

Please use a separate form for further searches (you may photocopy this form).

Personal information

This section is for your current personal details

Title _____

Surname _____

Forename _____

Date of birth ddmmyyyy (optional)

Address _____

Postcode _____

E-mail _____

Daytime telephone _____

Exam information

Name of candidate at time of exam _____

Type of exam _____ **one only**
Practical or Theory

Instrument _____ **one only** **Instrument & grade**
Practical only *If you want searches for different instruments or grades please complete separate forms for each and pay a fee for each one*

Grade _____ **one only**

Name of teacher who entered you _____

Name of school which entered you _____

Place of exam _____ **Place of exam**
Please give the name of the nearest town. If London, specify the area eg Ealing.

Date of exam if known _____ **mmyy**
*If not known, please enter the **session** and **year** eg Summer / 1984*

Search no **1:** _____ / _____ **2:** _____ / _____ **3:** _____ / _____ **Session & year**
4: _____ / _____ **5:** _____ / _____ **6:** _____ / _____
Spring (A), Summer (B) or Autumn (C)

Additional information

The majority of records are stored on microfilm and microfiche, so searches can often take a considerable time. Please let us know if there is a specific reason that information is required urgently:

If you have the mark form, or any official documentation relating to the exam, please send a photocopy with this form and state here what you have sent:

Payment

Either **Please charge £** _____ **to the following credit/debit card:**

Visa **Mastercard** **Delta**

Please note that we do not accept American Express

Card Number

mm **yy**
Expiry date

Signature of cardholder _____

Name of cardholder _____ **please print**

or **I enclose a cheque made payable to ABRSM for £** _____

Please send the completed form(s), together with your payment to:

ABRSM
4 London Wall Place
London EC2Y 5AU
United Kingdom

Please mark the envelope:

PAST RESULTS SEARCH

Prices for past result searches can be found on our website at gb.abrsm.org/en/exam-booking/exam-dates-and-fees

This fee includes the cost of a replacement certificate (where appropriate) if the search is successful.

Please note that the fee is not refunded if the search is unsuccessful.

Contact us

We are pleased to help with any enquiries.
Our offices are open on weekdays from 08:30 to 17:30.

T +44 (0)20 7636 5400

www.abrsm.org

Office use only

Date received _____

Date acknowledged _____

Amount paid _____

F/S No / CDC _____

Successful Yes No

Date response given _____